SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

BELL ATLANTIC CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code BRIAN BILBRAY FOR CONGRESS 1202 GENESEE AVENUE, SUITE 102 SAN DIEGO, CA 92117	Purpose of Disbursement BRIAN BILBRAY U S CONGRESS CA0045 Disbursement for: 98 Primary ☐ General ☐ Other:	Date (month, day, year) 06/04/98	Amount of Each Disbursement this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPPS P.O. BOX 23940 SANTA BARBARA, CA 93121	Purpose of Disbursement LOIS CAPPS U S CONGRESS CA Disbursement for: 98 Primary ☐ General ☐ Other:	Date (month, day, year) 05/19/98	Amount of Each Disbursement this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code ANNA ESHOO FOR CONGRESS P.O. BOX 335 PALO ALTO, CA 94301	Purpose of Disbursement ANNA ESHOO U S CONGRESS CA0014 Disbursement for: 98 Primary ☐ General ☐ Other:	Date (month, day, year) 05/06/98	Amount of Each Disbursement this Period 500.00
D. Full Name, Mailing Address and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 395 BAKERSFIELD, CA 93302	Purpose of Disbursement BILL THOMAS U S CONGRESS CA0021 Disbursement for: 98 Primary ☐ General ☐ Other:	Date (month, day, year) 04/02/98	Amount of Each Disbursement this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,500.00

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